

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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BY: PG

2011 MAR - 1 PM 5:44

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Knight Stephen Thomas

1. Office, Agency, or Court

Agency Name

California State Assembly

Division, Board, Department, District, if applicable

36th District

Your Position

Assemblyman

► If filing for multiple positions, list below or on an attachment.

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County \_\_\_\_\_

☐ County of \_\_\_\_\_

☐ City of \_\_\_\_\_

☐ Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2010.

☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ Assuming Office: Date \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 9

☐ Schedule A-1 - Investments - schedule attached

☒ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☒ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this is a

I certify under penalty of perjury under the laws of the State of California that

Date Signed 3-1-11  
(month, day, year)

Signature

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

<b>CALIFORNIA FORM 700</b>
FAIR POLITICAL PRACTICES COMMISSION
Name <u>Steve Knight</u>

► STREET ADDRESS OR PRECISE LOCATION  
40545 Pinnacle Way

CITY  
Palmdale 93551

FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:  
☐ \$2,000 - \$10,000      \_\_\_\_\_/\_\_\_\_\_/10  
☐ \$10,001 - \$100,000      \_\_\_\_\_/\_\_\_\_\_/10  
☒ \$100,001 - \$1,000,000      ACQUIRED      DISPOSED  
☐ Over \$1,000,000

NATURE OF INTEREST  
☒ Ownership/Deed of Trust      ☐ Easement  
☐ Leasehold \_\_\_\_\_ Yrs. remaining      ☐ Other \_\_\_\_\_

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
☐ \$0 - \$499      ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☒ \$10,001 - \$100,000      ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
Glen Gilliard

► STREET ADDRESS OR PRECISE LOCATION  
\_\_\_\_\_

CITY  
\_\_\_\_\_

FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:  
☐ \$2,000 - \$10,000      \_\_\_\_\_/\_\_\_\_\_/10  
☐ \$10,001 - \$100,000      \_\_\_\_\_/\_\_\_\_\_/10  
☐ \$100,001 - \$1,000,000      ACQUIRED      DISPOSED  
☐ Over \$1,000,000

NATURE OF INTEREST  
☐ Ownership/Deed of Trust      ☐ Easement  
☐ Leasehold \_\_\_\_\_ Yrs. remaining      ☐ Other \_\_\_\_\_

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
☐ \$0 - \$499      ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
\_\_\_\_\_  
\_\_\_\_\_

\* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*  
\_\_\_\_\_

ADDRESS (Business Address Acceptable)  
\_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER  
\_\_\_\_\_

INTEREST RATE      TERM (Months/Years)  
\_\_\_\_\_%      ☐ None      \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000  
☐ Guarantor, if applicable

NAME OF LENDER\*  
\_\_\_\_\_

ADDRESS (Business Address Acceptable)  
\_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER  
\_\_\_\_\_

INTEREST RATE      TERM (Months/Years)  
\_\_\_\_\_%      ☐ None      \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000  
☐ Guarantor, if applicable

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
(Other than Gifts and Travel Payments)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <u>Steve Knight</u>

▶ **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Lilian Knight

ADDRESS (Business Address Acceptable)

1600 West Avenue J, Lancaster, CA 93534

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Health care

YOUR BUSINESS POSITION

Registered Nurse

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☒ \$10,001 - \$100,000      ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary      ☒ Spouse's or registered domestic partner's income

☐ Loan repayment      ☐ Partnership

☐ Sale of \_\_\_\_\_  
(Property, car, boat, etc.)

☐ Commission or      ☐ Rental Income, list each source of \$10,000 or more

☐ Other \_\_\_\_\_  
(Describe)

▶ **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary      ☐ Spouse's or registered domestic partner's income

☐ Loan repayment      ☐ Partnership

☐ Sale of \_\_\_\_\_  
(Property, car, boat, etc.)

☐ Commission or      ☐ Rental Income, list each source of \$10,000 or more

☐ Other \_\_\_\_\_  
(Describe)

▶ **2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000  
☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000  
☐ OVER \$100,000

INTEREST RATE

\_\_\_\_\_ %      ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None      ☐ Personal residence

☐ Real Property \_\_\_\_\_  
Street address

City

☐ Guarantor \_\_\_\_\_

☐ Other \_\_\_\_\_  
(Describe)

Comments: \_\_\_\_\_

# SCHEDULE D Income – Gifts

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

*Steve Knight*

► NAME OF SOURCE

California Tribal Business Alliance

ADDRESS (Business Address Acceptable)

1530 J Street, Suite 400 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Indian Tribal Business

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 12 / 10	\$ 92.68	Reception
/  /	\$	
/  /	\$	

► NAME OF SOURCE

California Cattlemen's Association

ADDRESS (Business Address Acceptable)

1221 H Street, Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Agriculture

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 23 / 10	\$ 25.00	Breakfast
3 / 23 / 10	\$ 20.00	Hat
/  /	\$	

► NAME OF SOURCE

California State Floral Association

ADDRESS (Business Address Acceptable)

1521 I Street, Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Agriculture

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 23 / 10	\$ 16.95	Floral Arrangement
/  /	\$	
/  /	\$	

► NAME OF SOURCE

Rio Tinto Minerals

ADDRESS (Business Address Acceptable)

PO Box 6609 Englewood, CO 80155

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Forestry/Mining

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 12 / 10	\$ 16.74	Reception
/  /	\$	
/  /	\$	

► NAME OF SOURCE

Pacific Gas and Electric Company

ADDRESS (Business Address Acceptable)

1415 L Street, Suite 172, Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Utilities

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 29 / 10	\$ 27.93	Transportation & Lunch
/  /	\$	
/  /	\$	

► NAME OF SOURCE

California Rice Commission

ADDRESS (Business Address Acceptable)

8801 Folsom Blvd, Suite 172, Sacramento CA 95826

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Agriculture

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 1 / 10	\$ 28.71	Gift Box
/  /	\$	
/  /	\$	

Comments:

# SCHEDULE D Income – Gifts

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name <u>Steve Knight</u>
--

► NAME OF SOURCE  
Personal Care Products Council

ADDRESS (Business Address Acceptable)  
1101 17th St, NW, Suite 300, Washington, DC 20036

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Consumer Safety

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4 / 7 / 10</u>	\$ <u>49.19</u>	<u>Hygiene Products</u>
<u>  /  /  </u>	\$ <u>      </u>	<u>      </u>
<u>  /  /  </u>	\$ <u>      </u>	<u>      </u>

► NAME OF SOURCE  
Assemblyman John Perez

ADDRESS (Business Address Acceptable)  
777 S Figueroa St, Ste 4050 Los Angeles CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Legislator

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 6 / 10</u>	\$ <u>110.00</u>	<u>Leather Portfolio</u>
<u>  /  /  </u>	\$ <u>      </u>	<u>      </u>
<u>  /  /  </u>	\$ <u>      </u>	<u>      </u>

► NAME OF SOURCE  
Assemblywoman Connie Conway

ADDRESS (Business Address Acceptable)  
157 E. Merritt Ave, Tulare, CA 93274-1909

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Legislator

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 24 / 10</u>	\$ <u>28.47</u>	<u>Popcorn Gift Bucket</u>
<u>  /  /  </u>	\$ <u>      </u>	<u>      </u>
<u>  /  /  </u>	\$ <u>      </u>	<u>      </u>

► NAME OF SOURCE  
Roll International Corporation and Affiliates

ADDRESS (Business Address Acceptable)  
11444 W. Olympic Blvd., Los Angeles, CA 90064

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Grocery Retail Industry

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 15 / 10</u>	\$ <u>12.00</u>	<u>Holiday Gift Box</u>
<u>  /  /  </u>	\$ <u>      </u>	<u>      </u>
<u>  /  /  </u>	\$ <u>      </u>	<u>      </u>

► NAME OF SOURCE  
California Grape and Tree Fruit League

ADDRESS (Business Address Acceptable)  
978 W. Alluvial, Ste 107, Fresno CA 93711

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Agriculture

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>8 / 25 / 10</u>	\$ <u>15.00</u>	<u>Gift Box</u>
<u>  /  /  </u>	\$ <u>      </u>	<u>      </u>
<u>  /  /  </u>	\$ <u>      </u>	<u>      </u>

► NAME OF SOURCE  
California Citrus Mutual

ADDRESS (Business Address Acceptable)  
512 N. Kaweah Ave, Exeter CA 93221-1200

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Agriculture

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 12 / 10</u>	\$ <u>8.50</u>	<u>Oranges</u>
<u>  /  /  </u>	\$ <u>      </u>	<u>      </u>
<u>  /  /  </u>	\$ <u>      </u>	<u>      </u>

Comments: \_\_\_\_\_

# SCHEDULE D Income – Gifts

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name <u>Steve Knight</u>
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► NAME OF SOURCE  
Minorities in Law Enforcement  
 ADDRESS (Business Address Acceptable)  
925 L Street, Ste 850, Sacramento CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Public Safety

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7 / 23 / 10</u>	<u>\$ 395.00</u>	<u>Round of Golf</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

► NAME OF SOURCE  
Crime Victim's United  
 ADDRESS (Business Address Acceptable)  
1415 L Street, Suite 410, Sacramento CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Public Safety

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7 / 23 / 10</u>	<u>\$ 72.00</u>	<u>Golf Balls</u>
<u>7 / 24 / 10</u>	<u>\$ 290.00</u>	<u>Round of Golf</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

► NAME OF SOURCE  
California Correctional Peace Officers Association  
 ADDRESS (Business Address Acceptable)  
755 Riverpoint Drive, West Sacramento, CA 95605  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Public Safety

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7 / 24 / 10</u>	<u>\$ 100.00</u>	<u>Golf Bag</u>
<u>7 / 24 / 10</u>	<u>\$ 121.00</u>	<u>(2) Golf Clubs</u>
<u>7 / 24 / 10</u>	<u>\$ 55.00</u>	<u>Blanket</u>

► NAME OF SOURCE  
California Correctional Peace Officers Association  
 ADDRESS (Business Address Acceptable)  
755 Riverpoint Drive, West Sacramento, CA 95605  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Public Safety

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7 / 24 / 10</u>	<u>\$ 50.00</u>	<u>Spa Bag</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

► NAME OF SOURCE  
Coalition for a Safer California  
 ADDRESS (Business Address Acceptable)  
1020 12th Street, Suite 408, Sacramento CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Public Safety

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7 / 24 / 10</u>	<u>\$ 115.00</u>	<u>Jacket</u>
<u>7 / 24 / 10</u>	<u>\$ 150.00</u>	<u>Gift Box</u>
<u>7 / 24 / 10</u>	<u>\$ 25.00</u>	<u>Golf Glove</u>

► NAME OF SOURCE  
Coalition for a Safer California  
 ADDRESS (Business Address Acceptable)  
1020 12th Street, Suite 408, Sacramento CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Public Safety

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7 / 24 / 10</u>	<u>\$ 60.00</u>	<u>Wine</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

Comments: \_\_\_\_\_

# SCHEDULE D Income – Gifts

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name <u>Steve Knight</u>
--

► NAME OF SOURCE

Lilly USA

ADDRESS (Business Address Acceptable)

1215 K Street, Suite 1500, Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Health Care

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7 / 24 / 10</u>	<u>\$ 363.00</u>	<u>(6) Golf Clubs</u>
<u>    /    /    </u>	<u>\$      </u>	<u>          </u>
<u>    /    /    </u>	<u>\$      </u>	<u>          </u>

► NAME OF SOURCE

California Manufacturers & Technology Association

ADDRESS (Business Address Acceptable)

1115 11th Street, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Manufacturing and Technology

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 18 / 10</u>	<u>\$ 368.00</u>	<u>Dinner</u>
<u>    /    /    </u>	<u>\$      </u>	<u>          </u>
<u>    /    /    </u>	<u>\$      </u>	<u>          </u>

► NAME OF SOURCE

California Outdoor Sporting Caucus

ADDRESS (Business Address Acceptable)

1600 Sacramento Inn Wy Ste 232 Sacramento 95815

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Wildlife Management and Preservation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>8 / 11 / 10</u>	<u>\$ 24.10</u>	<u>Trap Shooting/Dinner</u>
<u>    /    /    </u>	<u>\$      </u>	<u>          </u>
<u>    /    /    </u>	<u>\$      </u>	<u>          </u>

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>    /    /    </u>	<u>\$      </u>	<u>          </u>
<u>    /    /    </u>	<u>\$      </u>	<u>          </u>
<u>    /    /    </u>	<u>\$      </u>	<u>          </u>

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>    /    /    </u>	<u>\$      </u>	<u>          </u>
<u>    /    /    </u>	<u>\$      </u>	<u>          </u>
<u>    /    /    </u>	<u>\$      </u>	<u>          </u>

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>    /    /    </u>	<u>\$      </u>	<u>          </u>
<u>    /    /    </u>	<u>\$      </u>	<u>          </u>
<u>    /    /    </u>	<u>\$      </u>	<u>          </u>

Comments: \_\_\_\_\_

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

<b>CALIFORNIA FORM 700</b> <b>FAIR POLITICAL PRACTICES COMMISSION</b>
Name <u>Steve Knight</u>

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.
- You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.

▶ NAME OF SOURCE	
<u>California Independent Voter Project</u>	
ADDRESS (Business Address Acceptable)	
<u>2350 Kerner Blvd, Suite 250</u>	
CITY AND STATE	
<u>San Rafael, CA 94901</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
<u>Social Welfare, IRC 501 (c) (4) organization</u>	
DATE(S): <u>11 / 14 / 10</u> - <u>11 / 18 / 10</u>	AMT: \$ <u>2027.97</u>
(If applicable)	
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: <u>Lodging accommodations and meals*</u>	

▶ NAME OF SOURCE	
<u>Governor's Cup Foundation, Inc.</u>	
ADDRESS (Business Address Acceptable)	
<u>1415 L Street, Suite 410</u>	
CITY AND STATE	
<u>Sacramento, CA 95814</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S): <u>7 / 23 / 10</u> - <u>7 / 24 / 10</u>	
AMT: \$ <u>2095.00</u>	
(If applicable)	
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: <u>Lodging accommodations and meals*</u>	

▶ NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	
<input type="checkbox"/> 501 (c)(3)	
DATE(S): ____/____/____ - ____/____/____	
AMT: \$ ____	
(If applicable)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: _____	

▶ NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	
<input type="checkbox"/> 501 (c)(3)	
DATE(S): ____/____/____ - ____/____/____	
AMT: \$ ____	
(If applicable)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: _____	

Comments: \*Accommodations, meals and beverages are gifts in connection with making a speech, which is not subject to gift limits.

RECEIVED

APR 7 2011

BY: BK

EB

# SCHEDULE C

## Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

## ▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Antelope Valley Hospital (Lilian Knight)

ADDRESS (Business Address Acceptable)

1600 W Avenue J, Lancaster, CA 93534

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Health Care

YOUR BUSINESS POSITION

Registered Nurse - Spouse

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☒ \$10,001 - \$100,000      ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary      ☒ Spouse's or registered domestic partner's income

☐ Loan repayment      ☐ Partnership

☐ Sale of \_\_\_\_\_  
 (Property, car, boat, etc.)

☐ Commission or      ☐ Rental Income, list each source of \$10,000 or more

☐ Other \_\_\_\_\_  
 (Describe)

Comments: \_\_\_\_\_

## ▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary      ☐ Spouse's or registered domestic partner's income

☐ Loan repayment      ☐ Partnership

☐ Sale of \_\_\_\_\_  
 (Property, car, boat, etc.)

☐ Commission or      ☐ Rental Income, list each source of \$10,000 or more

☐ Other \_\_\_\_\_  
 (Describe)

 RECEIVED  
 FAIR POLITICAL  
 PRACTICES COMMISSION  
 APR 11 PM 3:42

## ▶ 2. LOAN RECEIVED

You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000  
☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000  
☐ OVER \$100,000

INTEREST RATE

TERM (Months/Years)

\_\_\_\_\_%      ☐ None

SECURITY FOR LOAN

☐ None      ☐ Personal residence

☐ Real Property \_\_\_\_\_  
 Street address

City

☐ Guarantor \_\_\_\_\_

☐ Other \_\_\_\_\_  
 (Describe)

## Verification

Print Name Stephen KnightOffice, Agency or Court California State Assembly
 Statement Type      ☐ 2010/2011 Annual      ☒ 10 Annual      ☐ Assuming      ☐ Leaving      ☐ Candidate  
 (yr)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

 Date Signed April 7, 2011  
 (month, day, year)

Signature \_\_\_\_\_

(d)(5)

COMMITTEES  
NATURAL RESOURCES, VICE CHAIR  
PUBLIC SAFETY, VICE CHAIR  
LOCAL GOVERNMENT  
RULES  
UTILITIES AND COMMERCE

 **Assembly**  
**California Legislature**

2011 MAR -1 PM 5:44



**STEVE KNIGHT**  
ASSEMBLYMAN, THIRTY-SIXTH DISTRICT

STATE CAPITOL  
P.O. BOX 942849  
SACRAMENTO, CA 94249-0036  
(916) 319-2036  
FAX (916) 319-2136

DISTRICT OFFICES  
41319 12TH STREET W., SUITE 105  
PALMDALE, CA 93551  
(661) 267-7636  
FAX (661) 267-7736

VICTORVILLE CITY HALL  
14343 CIVIC DRIVE  
VICTORVILLE, CA 92392  
(760) 843-8045  
FAX (760) 843-8396

The filer has made a good faith effort to identify, value and report all gifts, tickets, travel payments and reimbursements related to travel in connection with speeches, panels, seminars or other similar events received during the calendar year. The filer has implemented a policy to track carefully and maintain a full and complete log of events attended; events at which the filer was provided meals or other benefits; and events at which the filer did not consume meals or beverages. The filer has relied in part for this tracking system upon the persons and entities providing gifts, tickets and the like to provide confirmation of the event and valuation of gifts and benefits. Any omission from the gifts and travel reimbursements listed herein is inadvertent.

3-1-11

